Welcome
Developing the NHS Oxfordshire Strategy:
‘Improving the health and well-being of the local population’

Chair - Ineke Powell
Non-Executive Director
Catherine Mountford
Director of Planning & System Reform
Matthew Tait
Director of Finance
Developing 5 year strategy for NHS Oxfordshire

- Summer 2007 – the PCT developed 1st five year strategy.

- Set out vision for transforming health care.

- Set out our core values and objectives.

- Wide stakeholder consultation was carried out during September and October 2007.

- Underpinned by an operational plan and organisational development plan.

- Time for first annual review.
Key priorities of the strategy developed in 2007

• Breaking the cycle of deprivation.

• Getting a better deal for older people.

• Ensuring that we commission excellent services for long term conditions - this work started with redesigning services for people with Diabetes.
How are we doing with our key priorities? (1)

**Breaking the cycle of deprivation:**

- Every secondary school has a named full-time school health nurse which means that every vulnerable young person will have access to support if required – in and out of term time.

- Employing health workers to work with young people who are offending to improve their physical, sexual and mental health – this helps reduce use of A&E after accidents, teenage parenthood and use of adult mental health services.

- 6 extra health visitors now employed in 6 children’s centres in deprived and rural areas to support parents in making healthy lifestyle choices.
How are we doing with our key priorities? (2)

Getting a better deal for older people:

• Engagement exercise to hear how people want services developed

• Working with Age Concern and the Oxfordshire Rural Community Council to increase levels of support available to older people within their own communities

• Development of health and social care intermediate care service - 8 mental health nurses and 12 support workers.

• Increase in community therapists working at the John Radcliffe Hospital to ensure early supported discharge home for people who have sustained a fractured hip.

• County falls prevention and bone health team has almost doubled in size, so that 500 more people this year will have been able to receive help and support when they have fallen
How are we doing with our key priorities? (3)

Ensuring that we commission appropriate quality services for long term conditions:

• Providing education for people newly diagnosed with diabetes – in 2007/08 this was available to 100 patients and in 2008/9 1000 patients will benefit.

• All over the county we have identified people who use hospital services a lot. They are being provided with a case manager who can support them so that they need to make fewer trips to hospital.
Review of the PCT strategy

PCT has undertaken a review of the strategy:

- Based on Joint Strategic Needs Assessment
- Taking on board what you told us last year
- Reflecting changes going on around us
- We want your views on what we are proposing
What has JSNA told us?

Overall health is improving, but....

- 18,000 people living in six wards in Oxford and Banbury are among the bottom 20% in the country on the index of deprivation.

- Population aged 85 and over is forecast to increase by 85% & the number of people aged 64-84 is forecast to grow by 48%.

- Substantial increase expected in diabetes, cancer and mental illness.
Impact of health inequalities (JSNA)

- If you had two groups of 10,000 people each: one from the 20% most deprived, one from the 20% least deprived in Oxfordshire PCT. In an average year (based on the period 2002-2006):
  - 120 people from these 2 groups will die - 70 from the deprived group, 50 from the least deprived group (40% higher age-sex adjusted rate)
  - 20 more people will die from all causes (70 vs 50)
  - 5 more from circulatory diseases (22 vs 17)
  - 5 more from cancer (21 vs 16)
  - 5 more from respiratory diseases (10 vs 6)
  - 5 more from other causes (16 vs 11)
What does this mean for PCT

- Lots of people affected by more than one of these issues.

- PCT needs to invest more in long term, sustainable improvements to services for these groups.

- Demand for acute hospital care, particularly elective care, is growing in Oxfordshire at a rate that threatens to make that investment unaffordable.

- Two additional new priorities:
  - Getting the basics right in primary and secondary care
  - Mental health
What we aim to do? (a)

Quality, affordability and efficiency: the PCT will work in partnership to do ordinary things extraordinarily well

• More GPs offering extended hours.

• Make sure you only get a referral to hospital if that is really the most appropriate next step for you.

• Look at services where more people get referred to hospital in Oxfordshire than do in similar areas and work out why and what to do about it.

• Develop services locally so fewer people have to go to hospital for these services for example the diagnostic ultrasound you can get in Witney.

• Better Healthcare Programme for Banbury.
What we aim to do? (b)

Health outcomes: the PCT will work in partnership to do improve the health of our target population groups

• Provide more psychological therapy for people with anxiety and depression and help more people with mental health problems get work or keep their jobs.

• Improve care for people with dementia and their carers.

• Bring all the specialist stroke care offered in hospital into one unit.

• Increase availability of physiotherapy for people with long term bone and joint problems by 16%.
What we aim to do? (c)

**Access:** the PCT will work in partnership to ensure joined up care is provided close to home

- 5000 more people will be able to get help with joint and back problems close to where they live.

- Older people with arthritis and people with sports injuries who need joint injections won’t have to go to hospital to get these any more.

- Increase Hospice at Home provision.

- Rehabilitation care for stroke patients will be offered from community locations by setting up new specialist teams.

- Monitor people with deep vein thrombosis close to where they live.
What we aim to do? (d)

Healthy lifestyles: the PCT will work in partnership to help people to make choices that will keep them well

- Offer support with things like weight management and smoking.
- Employ more health trainers to work in areas of deprivation.
- Increase contraception and sexual health services for the under 18’s.
- Develop countywide exercise on referral scheme.
- Work to reduce the stigma associated with mental health problems to make it easier for you to stay in work.
What we aim to do? (e)

Health equality: the PCT will work in partnership to reduce health inequalities

For the whole of Oxfordshire but with a particular focus on deprived areas we will:

➢ Ensure that every pregnant woman aged under 18 yrs is offered tailored support to meet their individual needs – so their babies get a healthy start which lays the foundation for a longer life. This will be achieved through additional investment in health visiting teams.

➢ Extend access to dental services.

➢ Promote physical exercise through joint work with Oxfordshire Sports Partnership.

➢ Support mental health of mothers – particularly young Mum’s

➢ Get more women to start and to carry on breastfeeding.
What will the outcomes be?

By 2013 the people of Oxfordshire will:

- Be healthier, particularly if they are vulnerable or live in our most deprived communities
- Be working with the PCT to promote physical and mental well being and prevent ill health
- Be actively supported to manage their health and care needs at home, when this is appropriate
- Have access to high quality, personalised, safe and appropriate health services
- Get excellent value from their local health services
- Have a PCT which is a high performing organisation
Next steps

• Comments made at the events and those gathered from the questionnaire responses will be collated.

• All the responses will be brought together and analysed in a full report.

• The report will be made available to anyone who attended events or responded to the questionnaire if requested.

• The findings of the report will be taken into account in the final version of the PCT strategy.